



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

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www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

REQUEST AN EXTENSION OF YOUR INTERN PHARMACIST LICENSE

You may apply for an extension of your intern pharmacist license if you meet one of the following criteria.

Please Note: An intern pharmacist license may not exceed six years.

- Your anticipated graduation date changed and you are still enrolled in a school of pharmacy recognized by the board or recently graduated from the school of pharmacy.
- You are foreign educated and have submitted documentation of your FPGEC certificate and you have not completed the required 1,500 intern hours to qualify to apply to sit for the pharmacist examinations.
- You have failed the examination(s) four times and you are enrolled in remedial pharmacy educational courses to satisfy the four time failure requirement.

INSTRUCTIONS FOR APPLYING FOR AN EXTENSION (Please use the following checklist to assist you in ensuring your application is complete prior to submitting your application to the board.) Please allow up to 30 days for the board to process your application. If your application is incomplete, the board will notify you of any deficiencies. Failure to complete your application within one year of being notified by the board of any deficiencies will result in your application being deemed abandoned and you will be required to file a new application and meet all of the requirements in effect at the time of reapplication.

- ☐ **APPLICATION FEE \$90:** Submit a check, money order, or cashier's check in the amount of \$90, made payable to the Board of Pharmacy. The application fee is non-refundable.
- ☐ **APPLICATION FOR REGISTRATION AS AN INTERN PHARMACIST** (form 17A-17): The application must be completed in its entirety; with all questions answered. Failure to do so will result in an incomplete application and a deficiency letter will be mailed to you. Failure to correct the deficiencies will result in your application being deemed abandoned.
- ☐ **ACTIVE DUTY MILITARY - Spouses or Partners Receive Expedited Review:** The board is required to expedite the licensure process for an applicant whose spouse or partner is an active duty member of the U.S. Armed Forces and meets other criteria. (Business and Professions Code section 115.5.) If you would like to be considered for this expedited review and process, please provide the following required documentation.

1. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders?

If "yes," please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State AND military orders establishing duty station in California. For other forms of "legal union" not recognized by California, you may submit other documentary evidence of legal union issued by the State that recognizes your legal union for consideration by the board in meeting this requirement.

2. Do you hold a current license in another state, district, or territory of the United States in the profession or vocation for which you seek licensure from the board?

If "yes," please attach a copy of the current license in another state, district, or territory of the United States.

- ☐ **INTERN PHARMACIST EDUCATION AFFIDAVIT** (included with form 17A-17): This form is page 4 of the intern pharmacist application and must be completed by the Dean of the School of Pharmacy and submitted with your application to the board if your anticipated graduation date has changed. If you have recently graduated from the school of pharmacy and have submitted a pharmacist examination and licensure application, the board will review your transcript included with this application to verify your graduation date.

- ☐ **DOCUMENTATION OF INTERN HOURS:** You must submit documentation of any intern hours that you have earned on the Intern Hours Affidavit form 17A-29 to verify you have not met the 1,500 hours of intern experience at the time of applying for an extension. A total of 1,500 intern hours is required to qualify for the pharmacist examination but does not have to be obtained in one pharmacy location. Please submit a separate form for each pharmacy location.

Intern Hours Affidavit (17A-29) – This form must be completed by the supervising pharmacist or pharmacist-in-charge documenting your pharmacist intern hours obtained in a pharmacy OR the number of hours obtained in experience substantially related to the practice of pharmacy.

- ☐ **PRACTITIONER SELF-QUERY REPORT:** If you did not provide a sealed original Self-Query Report from the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank ((NPDB-HIPDB) with your initial intern pharmacist application or it has been one year since you originally submitted a sealed original Self-Query Report, you are required to submit a sealed original Self-Query Report with this Application. It is your responsibility to attach the sealed original NPDB-HIPDB Self-Query Report to your application.

The instructions to request a Self-Query Report are available at NPDB-HIPDB's website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as Frequently Asked Questions to assist you in requesting a report.

- Practitioner Self-Query Report requests are required to be submitted through the NPDB-HIPDB web site <http://www.hpdb-hipdb.hrsa.gov>. NPDB-HIPDB provides a toll-free number for individuals who do not have access to the Internet.
- Practitioners are required to pay a total charge of \$16.00 directly to NPDB-HIPDB.
- Practitioners are required to mail to NPDB-HIPDB a notarized copy of the Self-Query request to a specified address. This copy can be printed, which the practitioner prints out after filling the form out on-line.
- NPDB-HIPDB provides a dispute process for a practitioner that wish to submit a statement or dispute to a report.

The board is unable to assist you with the Self-Query process. Please contact the NPDB-HIPDB Customer Service Center at: (800) 767-6732 – TDD (703) 802-9395.

Business and Professions Code section 4208. Intern Pharmacist License

(a) At the discretion of the board, an intern pharmacist license may be issued for a period of:

- (1) One to six years to a person who is currently enrolled in a school of pharmacy recognized by the board.
- (2) Two years to a person who is a graduate of a school of pharmacy recognized by the board and who has applied to become licensed as a pharmacist in California.
- (3) Two years to a foreign graduate who has met educational requirements described in paragraphs (1) and (2) of subdivision (a) of Section 4200.

(4) One year to a person who has failed the pharmacist licensure examination four times and has reenrolled in a school of pharmacy to satisfy the requirements of Section 4200.1.

(b) The board may issue an intern pharmacist license to an individual for the period of time specified in a decision of reinstatement adopted by the board.

(c) An intern pharmacist shall notify the board within 30 days of any change of address.

(d) An intern pharmacist whose license has been issued pursuant to paragraph (1) or (4) of subdivision

(a) shall return his or her license, by registered mail, within 30 days of no longer being enrolled in a school of pharmacy. The intern pharmacist license shall be canceled by the board. Notwithstanding subdivision (c), an intern pharmacist license may be reinstated if the student reenrolls in a school of pharmacy recognized by the board to fulfill the education requirements of paragraphs (1) to (4), inclusive, of subdivision (a) of Section 4200.

(e) A person who has not completed the experience requirements necessary to be eligible for the licensure examination may have his or her intern license extended for a period of up to two years at the discretion of the board if he or she is able to demonstrate his or her inability to exercise the privileges of the intern license during the initial license period.



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APPLICATION FOR REGISTRATION AS AN INTERN PHARMACIST

All items of information requested in this application are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete. The information will be used to determine qualifications for registration under the California Pharmacy Law Business and Professions Code sections 4208 and 4209. Title 16 California Code of Regulations section 1706.2(e) indicates an applicant for an intern pharmacist license who fails to complete all the application requirements within one year after being notified by the board of deficiencies in his or her file, may be deemed to have abandoned the application and may be required to file a new application and meet all the requirements which are in effect at the time of reapplication.

Please read all instructions prior to completing this application. **Page 1, 2, and 3 of the application must be completed and signed by the applicant.** All questions on this application must be answered. If not applicable indicate N/A. Attach additional sheets of paper if necessary.

Applicant Information - Please Type or Print

☐ **MILITARY SPOUSES/PARTNERS** (Check here if you are relocating to CA as a result of your spouse's/partner's active duty military service.)

Full Legal Name-Last Name		First Name	Middle Name
Previous Names (AKA, Maiden Name, Alias, etc)			
*Official Mailing/Public Address of Record (Street Address, PO Box #, etc)			
City	State	Zip Code	
Residence Address (if different from above)			
City	State	Zip Code	
Home#	Cell#	Work#	Email Address
Date of Birth (Month/Day/Year)	**Social Security No	Driver's License #	State

If you are a graduate from a foreign school of pharmacy provide:

Name of University, College, or School of Pharmacy	Country	Date of Graduation	Type of Degree

If you are enrolled in a United States school of pharmacy provide:

Name of University, College, or School of Pharmacy	State	Date of Graduation	Type of Degree

TAPE A COLOR PASSPORT
STYLE PHOTOGRAPH
(2"X2") TAKEN WITHIN
60 DAYS OF THE FILING OF
THIS APPLICATION
**NO POLAROID
OR
SCANNED IMAGES**
PHOTO MUST BE ON
PHOTO QUALITY PAPER

Self-Query Report by the National Practitioner Data Bank Healthcare Integrity and Protection Data Bank (NPDB-HIPDB)

☐ Attached is the sealed envelope containing my Self-Query Report from the NPDB-HIPDB. (This must be submitted with your application.)

FOR BOARD USE ONLY

App Fee: <input type="checkbox"/>	Qualify Code: _____	License #: _____	Receipt #: _____
Enf. Check: <input type="checkbox"/>	SQ HIPDB <input type="checkbox"/>	Date issued: _____	Date Cashiered: _____
Photo: <input type="checkbox"/>	FP Cards Fees/Live Scan: <input type="checkbox"/>	Date expires: _____	Amount: _____
School Code: _____	DOJ Date: _____		
FPGEC: <input type="checkbox"/>	FBI Date: _____		
Affidavit: <input type="checkbox"/>			

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS (Attach additional sheet of paper if necessary)

1. Are you a candidate for the pharmacist licensure examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you previously applied in California for registration as an intern pharmacist with the board? If "yes," provide the date and intern registration number. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you taken the California Practice Standards and Jurisprudence Examination (CPJE) for pharmacist before? If "yes," provide the exam date. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you ever applied and not taken the examination? If "yes," provide the exam date. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state? If "yes," provide the date and state. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health or safety risks? If "yes," attach a statement of explanation. If "no," proceed to #7. Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes," attach a statement of explanation. If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted registration should be issued, whether conditions should be imposed, or whether you are not eligible for registration.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances? If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes <input type="checkbox"/> No <input type="checkbox"/> Attach a statement of explanation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Has disciplinary action ever been taken against your pharmacist license, intern permit or technician license in this state or any other state? If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you ever had an application for a pharmacist license, intern permit or technician license denied in this state or any other state? If "yes," attach a statement of explanation to include circumstances, type of action, date of action and type of license, registration or permit involved.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied or disciplined by a government authority in this state or any other state? If "yes," provide the name of company, type of permit, type of action, year of action and state. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Are you currently or have you previously been listed as a corporate officer, partner, owner, manager, member, administrator or medical director on a permit to conduct a pharmacy, wholesaler, medical device retailer or any other entity licensed in the state or any other state? If yes, provide company name, type of permit, permit number and state where licensed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Have you ever been convicted of any crime in any state, the USA and its territories, military court or foreign country? Check the box next to "YES" if, you have ever been convicted or plead guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant or deferred pursuant to sections 1000 or 1203.4 of the Penal Code. Check the box next to "NO" if you have not been convicted of a crime. You may wish to provide the following information in order to assist in the processing of your application: 1) certified copies of the arresting agency report; 2) certified copies of the court documents; 3) and a descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location of incident and all circumstances surrounding the incident.) If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required. Failure to disclose a disciplinary action or conviction may result in the license being denied or revoked for falsifying the application. Attach additional sheets if necessary.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrest Date	Conviction Date	Violation(s)	Court of Jurisdiction (Full Name and Address)

APPLICANT AFFIDAVIT

You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed incomplete. Falsification of the information on this application may constitute grounds for denial or revocation of the license.

All items of information requested in this application are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete.

Collection and Use of Personal Information. The California State Board of Pharmacy of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4200, 4208 and 4209 and Title 16 California Code of Regulations Section 1725 and 1728. The California State Board of Pharmacy uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The California State Board of Pharmacy cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the California State Board of Pharmacy that contain your personal information, as permitted by the Information Practices Act. The official responsible for maintaining records is the Executive Officer at the board's address listed on the application. Each individual has the right to review the files or records maintained by the board, unless confidential and exempt by Civil Code Section 1798.40.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

*Once you are licensed with the board, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code Section 6250 et seq.) and will be placed on the Internet. This is where the board will mail all correspondence. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mail box (PMB). However, if your address of record is not your residence address, you must also provide your residence address to the board, in which case your residence will not be available to the public.

**** Disclosure of your U.S. social security account number is mandatory.** Section 30 of the Business and Professions Code, Section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if the state tax obligation is not paid.

MANDATORY REPORTER

Under California law, each person licensed by the Board of Pharmacy is a "mandated reporter" for both child and elder abuse or neglect purposes.

California Penal Code Section 11166 and Welfare and Institutions Code Section 15630 require that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 and Welfare and Institutions Code Section 15630(b)(1) [generally law enforcement, state, and/or county adult protective services agencies, etc.] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect. The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency(ies) or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine. For further details about these requirements, consult Penal Code Section 11164 and Welfare and Institutions Code Section 15630, and subsequent sections.

APPLICANT AFFIDAVIT

(must be signed and dated by the applicant)

I, _____, hereby attest to the fact that I am the applicant whose signature
(Print Full Legal Name)

appears below. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I have read the instructions attached to this application.

Signature of Applicant

Date



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INTERN PHARMACIST EDUCATION AFFIDAVIT

Instructions: This form must be completed by the Dean of the college. All dates must include the month, day, and year in order for the form to be accepted.

This is to certify that _____
Print Name of Applicant

the above applicant who is applying to the California State Board of Pharmacy for an intern pharmacist registration is:

- ☐ Registered as a student in this institution seeking a degree in pharmacy.
- ☐ Re-enrolled to take additional coursework prior to re-examination by the board.

Year enrolled in school _____ Expected date of graduation _____

I hereby certify as the Dean of the school or college of pharmacy listed below or as a person with authority and personal knowledge to certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the above:

Signed: _____ Title: _____ Date: ____/____/____

Affix School Seal Here

College, University
or School Name: _____

Address: _____

Printed Name of
Dean or Person of
Authority and
Personal
Knowledge of
these Facts: _____

Title: _____

Phone
Number: _____

Email: _____